

FAX TRANSMISSION**DATE:** October 20, 2003**PTO IDENTIFIER:** Application Number 09/895,298-Conf. #4425
Patent Number**Inventor:** Ruben et al.**MESSAGE TO:** E. O'Hara, Art Unit 1646**FAX NUMBER:** (703) 872-9307**FROM:** HUMAN GENOME SCIENCES, INC.
Janet M. Martineau**PHONE:** (301) 315-2723**Attorney Dkt. #:** PZ035P1C1**PAGES (Including Cover Sheet):** 5**CONTENTS:**

1. Fax Transmission Cover Sheet (1 page)
2. Fee Transmittal charging \$440.00 to Deposit Account
3. One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
4. Notice of Appeal (1 page); and
5. Certificate of Transmission under 37 CFR 1.8 (1 page).

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PTO/SB/97 (12-97)

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Brenda Allen
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must identify each submitted paper.

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Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004		Complete if Known					
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	09/895,288-Conf. #4425				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 2, 2001				
		First Named Inventor	Steven M. Ruben				
		Examiner Name	E. O'Hara				
		Art Unit	1646				
TOTAL AMOUNT OF PAYMENT (\$)		440.00	Attorney Docket No.	PZ035P1C1			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES					
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity					
Deposit Account Number		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Human Genome Sciences, Inc.		1051	130	2051	65	Surcharge - late filing fee or oath	
The Director is authorized to: (check all that apply)		1052	60	2052	25	Surcharge - late provisional filing fee or cover sheet	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1053	130	1053	130	Non-English specification	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1804	920*	1804	920*	Requesting publication of SIF prior to Examiner action	
		1805	1,840*	1805	1,840*	Requesting publication of SIF after Examiner action	
FEE CALCULATION		1251	110	2251	55	Extension for reply within first month	110.00
1. BASIC FILING FEE		1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity		1253	990	2253	475	Extension for reply within third month	
Fee Code	Fee (\$)	1254	1,480	2254	740	Extension for reply within fourth month	
1001	770	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002	340	1401	330	2401	165	Notice of Appeal	330.00
1003	530	1402	330	2402	165	Filing a brief in support of an appeal	
1004	770	1403	280	2403	145	Request for oral hearing	
1005	160	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)		1452	110	2452	55	Petition to revive - unavoidable	
0.00		1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1501	1,330	2501	665	Utility issue fee (or reissue)	
Total Claims		1502	480	2502	240	Design issue fee	
Independent Claims	** =	1503	640	2503	320	Plant issue fee	
Multiple Dependent	** =	1450	130	1460	130	Petitions to the Commissioner	
Large Entity Small Entity		1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
Fee Code	Fee (\$)	1808	180	1808	180	Submission of Information Disclosure Stmt	
1202	18	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1201	86	1509	770	2809	385	Filing a submission after final rejection (37 CFR 1.125(a))	
1203	290	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204	86	1801	770	2801	385	Request for Continued Examination (RCE)	
1205	18	1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$)		Other fee (specify)		SUBTOTAL (3) (\$)		440.00	
0.00		*Reduced by Basic Filing Fee Paid					
** or number previously paid, if greater; For Reissues, see above							
SUBMITTED BY		(Complete if applicable)					
Name (Print/Type) Janet M. Martineau		Registration No. (Attorney/Agent) 46,903		Telephone (301) 315-2723			
Signature		Date		October 20, 2003			

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) PZ035P1C1	
In re Application of Ruben et al.			
Application Number 09/895,298-Conf. #4425		Filed July 2, 2001	
For Protein HPRBF19 (As Amended)			
Art Unit 1646		Examiner E. O'Hara	

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 08-3425.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.


I am the

☐ applicant /inventor

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.
Registration number 46,903

☐ attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). _____


 Signature
 Janet M. Martineau
 Typed or printed name
 (301) 315-2723
 Telephone number
 October 20, 2003
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 form is submitted.

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